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## \*BIBDATASHEET\*

CONFIRMATION NO. 1786

Bib Data Sheet

SERIAL NUMBER 09/053,832	FILING DATE 04/01/1998  RULE	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. 28.733	
APPLICANTS  WILLIAM M. OWENS, TACOMA, WA;  ** CONTINUING DATA *****  ** FOREIGN APPLICATIONS *****  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/06/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
ADDRESS JAMES F LEGGETT 1901 SOUTH STREET TACOMA, WA 98405					
TITLE FEEDWORKS DEVICE					
FILING FEE  RECEIVED 452	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>APPLICANTS</b> WILLIAM M. OWENS, TACOMA, WA; <b>** CONTINUING DATA *****</b> <i>ok none</i> <b>** FOREIGN APPLICATIONS *****</b> <i>ok none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/06/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>AK</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 13
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> William M. Owens 5716 North 33rd Street, Apt. 1 Tacoma, WA98407				
<b>TITLE</b> FEEDWORKS DEVICE				
<b>FILING FEE RECEIVED</b> 452	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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APPLICANT

WILLIAM M. OWENS, TACOMA, WA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

CH

NONE

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

CH

NONE

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

CH

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/06/98 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
Verified and Acknowledged			Examiner's Initials <u>CH</u>	Initials _____		

ADDRESS

JAMES F LEGGETT  
1901 SOUTH I STREET  
TACOMA WA 98405

TITLE

FEEDWORKS DEVICE

FILING FEE RECEIVED  \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/053,832	04/12/98	082	3724	28.733		
APPLICANT	WILLIAM M. OWENS, TACOMA, WA.					
	**CONTINUING DOMESTIC DATA***** VERIFIED					
	_____					
	**371 (NAT'L STAGE) DATA***** VERIFIED					
	_____					
ADDRESS	**FOREIGN APPLICATIONS***** VERIFIED					
	_____					
	IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/06/98 ** SMALL ENTITY **					
	Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
	Examiner's Initials _____ Initials _____					
TITLE	JAMES F LEGGETT 1901 SOUTH I STREET TACOMA WA 98405					
	FEEDWORKS DEVICE					
FILING FEE RECEIVED  \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			